



#### To Town Business License Applicants

Attached is the town business license application. All persons conducting businesses in the Town of Stephens City are required to have a current business license. The following rates are applicable to most businesses in the town limits.

1. Contractors, retailers, financial, repair, personal and business services- a \$15.00 business license fee or \$.15 per \$100.00 of gross receipts; whichever is greater.
2. Wholesalers- \$15.00 business license fee or \$.05 per \$100.00 of purchases; whichever is greater.
3. Itinerant merchants/ peddlers- **\$50.00 flat fee**

**NEW BUSINESSES-** \$15.00 business license fee or \$ .15 per \$100.00 of *estimated gross receipts*; whichever is greater.

Make checks payable to "Town of Stephens City" and mail to Town of Stephens City, P.O. Box 250, Stephens City, VA 22655.

## BUSINESS LICENSE APPLICATION

The applicant shall provide the following information:

Please print or type all information

Applicant: \_\_\_\_\_  
(Please use the reverse side to list additional applicants)

Telephone: \_\_\_\_\_

Trade Name: \_\_\_\_\_

FEIN or SSN: \_\_\_\_\_

Street Address: \_\_\_\_\_

E-Mail: \_\_\_\_\_ City: \_\_\_\_\_ St.: \_\_\_\_\_ Zip: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ St.: \_\_\_\_\_ Zip: \_\_\_\_\_

Nature of Business: \_\_\_\_\_

Gross Receipts  
For Year ending  
Dec. 31, \_\_\_\_\_  
(wholesale only-enter purchases)

Estimated

Actual

### CONTRACTORS ONLY

Please note: All contractors must have valid Workman's Compensation in effect for the time period covered by this license. Failure to have coverage will cause your license to be revoked.

\_\_\_\_\_ I certify that I am in compliance with the provisions of the Virginia Workman's Compensation Act, and I will notify the Town of Stephens City if this coverage lapses during the period that this license is in effect.

I hereby swear (or affirm) that the statements are true, full and correct to the best of my knowledge.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

### SPECIAL USE

Zoning classification approved for this type of business

Approved by: \_\_\_\_\_  
Signature

\_\_\_\_\_  
Date



## TOWN OF STEPHENS CITY, VIRGINIA

P.O. Box 250  
1033 Locust Street  
Stephens City, VA 22655  
540-869-3087

### Zoning Review for a Business License

Please provide the following information about your business. It is important that all of the requested information is provided completely to ensure accurate review. If you have any questions about this form or the zoning regulations of Stephens City, please contact the Zoning Administrator at (540) 869-3087. The completed zoning review form must be submitted to the Town Clerk/Treasurer's Office in order to apply for a business license.

Please print or type all information

Applicant: \_\_\_\_\_ Telephone: \_\_\_\_\_  
(Please use the reverse side to list additional applicants)

Street Address: \_\_\_\_\_ City: \_\_\_\_\_ St.: \_\_\_\_\_ Zip: \_\_\_\_\_

Owner(s) of Property (if different from applicant): \_\_\_\_\_

Business/Trade Name: \_\_\_\_\_

Description of Business: \_\_\_\_\_

Type or Print Name: \_\_\_\_\_

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### SPECIAL USE

PROPERTY IDENTIFICATION # (PIN): \_\_\_\_\_ ZONING DISTRICT: \_\_\_\_\_

#### BUSINESS IS HOME-BASED (Home Occupation):

1. Number of Employees Other Than Members of Household: \_\_\_\_\_
2. New Construction or Alteration Required: Yes \_\_\_\_\_ No \_\_\_\_\_
3. Business Located Within: House \_\_\_\_\_ Accessory Structure \_\_\_\_\_

Based upon the information provided by the applicant, is the use proposed for the above-referenced location permitted in the identified zoning district? Yes \_\_\_\_\_ No \_\_\_\_\_

ZONING ADMINISTRATOR COMMENTS: \_\_\_\_\_

ZONING ADMINISTRATOR SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_